

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/30/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

Chronic pain program X 10 for the neck

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XX/XX/XX. The mechanism of injury occurred when the patient walked under a machine and when he stood up, he hit his head on the arm of the machine. The XX/XX/XX request for a trial of 10 sessions of a chronic pain management program stated the patient was taking to XX following the injury and staples were placed on his head. The patient returned to work. The patient was sent out for an MRI of his neck with reports that he had 3 crushed discs in his neck. A copy of this MRI was not provided for review. The XX/XX/XX office note indicated the MRI revealed multilevel spondylotic changes, disc degeneration, and foraminal stenosis at C5-6 and C6-7. The patient was also reported to have told he had bleeding in his brain and was also told that there was nothing that could be done. The patient was reported to have received physical therapy, pain injections, and individual psychotherapy. The physical therapy was reported to not help the patient. The note indicated the patient suffered from anxiety, depression, and muscular tension since the date of his injury. The patient rated his pain as a 5/10. Prior to psychotherapy, his BDI score was a 21. Following several psychotherapy sessions his score was a 26. The patient's BAI score was a 31 prior to psychotherapy. Following several sessions of psychotherapy, the patient's BAI score was a 26. The patient's Fear Avoidance Beliefs Questionnaire score was a 38/42 for the work scale and a 21/24 for the activity scale. The note indicated the patient required assistance from family members and friends on a regular basis for basic activities of daily living. The XX/XX/XX Functional Capacity Evaluation stated that the patient performed at a light physical demand category while his job as a machinist is classified within the medium physical demand category. The documentation reported the patient has avoided engaging in recreational or social activities. The patient was reported to demonstrate a culmination of symptoms of depression and anxiety along with functioning problems with sleeping habits. The patient was reported to rely on narcotic pain medication to manage his pain. The note indicates all lower levels of care have been exhausted, and there are no additional treatment procedures pending. The report indicated the patient was motivated to change, was willing to change his medication regimen, and accepted that successful treatment may change compensation or other secondary gains. The patient was reported to not have a negative relationship with his employer, enjoyed working, and was anxious to return to his workforce. He seemed motivated and was not

discouraged about future employment. The patient was noted to have responded well to group psychotherapy sessions, decreasing his amount of symptoms of depression and anxiety. The patient was not currently involved in any financial disability disputes. The previous request for the chronic pain management program times 10 for the neck was non-certified on XX/XX/XX due to a lack of specific past results of objective diagnostic studies, a lack of documentation to indicate the presence of a need for prescription medication utilization, and a lack of specifics to indicate the patient needs an extensive program versus a less intensive program. The review indicated it appeared that all levels of care had not been exhausted. The XX/XX/XX appeal letter indicated the request was non-certified due to the patient being retired, and thus not needing a return to work program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The previous non-certifications for the requested service were based upon the patient not having exhausted all forms of conservative treatment, and due to the patient not having a job to return to. The documentation supports that the patient does not have a job to return to following the requested program. However, the documentation also stated the patient was considering returning to the workforce following the intervention. The request indicated the patient required assistance from family members and friends on a regular basis for basic activities of daily living. The request indicated the patient demonstrated a light physical demand level where his job as a machinist requires a medium physical demand level. The patient reported avoiding engaging in recreational or social activities. The patient was also noted to demonstrate a combination of symptoms of depression, anxiety, decreased functioning, and problems with sleeping. The note indicated the patient relied on narcotic medication to manage his pain. The note indicated lower levels of care have been exhausted for the patient including medications, injections, physical therapy, and individual psychotherapy. The patient was reported to have motivation to change, was willing to change his medication regimen, and understood that necessary treatment may change compensations or other secondary gains. The patient was reported to have enjoyed working and wanted to return to the workforce. The patient was also noted as motivated and was not discouraged about future employment. Given the above, the requested chronic pain management program times 10 sessions (80 hours) would be reasonable for this patient at this time based on the documentation provided. Therefore, the previous denial for the chronic pain management program x 10 for the neck is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)